# DISSOCIATIVE IDENTITY DISORDER

**Guideline Number**: BH727DID_102017 **Effective Date**: October, 2017

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**Relevant Diagnoses:**

- Dissociative Identity Disorder

**Related Clinical Policies & Guidelines:**

- Other Specified and Unspecified Disorders

## INSTRUCTIONS FOR USE

This Coverage Determination Guideline provides assistance in interpreting and administering behavioral health benefit plans that are managed by Optum, and U.S. Behavioral Health Plan, California (doing business as OptumHealth Behavioral Solutions of California ("Optum-CA"). When deciding coverage, the member-specific benefit plan document must be referenced. The terms of the member-specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Coverage Determination Guideline is based. In the event of a conflict, the member's specific benefit plan document supersedes this Coverage Determination Guideline.

All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the COC/SPD prior to using this Coverage Determination Guideline. Other Policies and Coverage Determination Guidelines may apply. Optum reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

Optum may also use tools developed by third parties that are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

## BENEFIT CONSIDERATIONS

**Before using this guideline, please check the member's specific benefit plan requirements and any federal or state mandates, if applicable.**

### Pre-Service Notification

Admissions to an inpatient, residential treatment center, intensive outpatient, home-based outpatient, or a partial hospital/day treatment program require pre-service notification. Notification of a scheduled admission must occur at least five (5) business days before admission. Notification of an unscheduled admission (including Emergency admissions) should occur as soon as is reasonably possible. Benefits may be reduced if Optum is not notified of an admission to these levels of care. Check the member's specific benefit plan document for the applicable penalty and provision for a grace period before applying a penalty for failure to notify Optum as required.

### Additional Information

The lack of a specific exclusion for a service does not necessarily mean that the service is covered. For example, depending on the specific plan requirements, services that are inconsistent with Level of Care Guidelines and/or

prevailing medical standards and clinical guidelines may be excluded. Please refer to the member's benefit document for specific plan requirements.

**Essential Health Benefits for Individual and Small Group**
For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member-specific benefit document to determine benefit coverage.

## COVERAGE RATIONALE

Available benefits for dissociative identity disorder include the following services:
- Diagnostic evaluation, assessment, and treatment planning
- Treatment and/or procedures
- Medication management and other associated treatments
- Individual, family, and group therapy
- Provider-based case management services
- Crisis intervention

The requested service or procedure must be reviewed against the language in the member's benefit document. When the requested service or procedure is limited or excluded from the member's benefit document, or is otherwise defined differently, it is the terms of the member's benefit document that prevails.

Per the specific requirements of the plan, health care services or supplies may not be covered when inconsistent with generally accepted standards and clinical guidelines:

**Optum Level of Care Guidelines**

**UnitedHealthcare Benefit Plan Definitions**

**Evidence-Based Clinical Guidelines**

All services must be provided by or under the direction of a properly qualified behavioral health provider.

## APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member-specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other policies and Coverage Determination Guidelines may apply.

| CPT Code | Description |
|---|---|
| 90785 | Interactive complexity (list separately in addition to the code for primary procedure) |
| 90791 | Psychiatric diagnostic evaluation |
| 90792 | Psychiatric diagnostic evaluation with medical services |
| 90832 | Psychotherapy, 30 minutes with patient and/or family member |
| 90833 | Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service(list separately in addition to the code for primary procedure) |
| 90834 | Psychotherapy, 45 minutes with patient and/or family member |
| 90836 | Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary procedure) |
| 90837 | Psychotherapy, 60 minutes with patient and/or family member |

| CPT Code | Description |
|---|---|
| 90838 | Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary procedure) |
| 90839 | Psychotherapy for crisis; first 60 minutes |
| 90840 | Psychotherapy for crisis; each additional 30 minutes (list separately in addition to the code for primary service) |
| 90846 | Family psychotherapy (without the patient present) |
| 90847 | Family psychotherapy (conjoint psychotherapy) (with the patient present) |
| 90849 | Multiple-family group psychotherapy |
| 90853 | Group psychotherapy (other than of a multiple-family group) |
| 90863 | Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure) |



| HCPCS Code | Description |
|---|---|
| G0177 | Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more) |
| G0410 | Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes |
| G0411 | Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes |
| H0004 | Behavioral health counseling and therapy, per 15 minutes |
| H0017 | Behavioral health; residential (hospital residential treatment program), without room and board, per diem |
| H0018 | Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem |
| H0019 | Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem |
| H0025 | Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior) |
| H0035 | Mental health partial hospitalization, treatment, less than 24 hours |
| H2001 | Rehabilitation program, per 1/2 day |
| H2011 | Crisis intervention service, per 15 minutes |
| H2012 | Behavioral health day treatment, per hour |
| H2013 | Psychiatric health facility service, per diem |
| H2017 | Psychosocial rehabilitation services, per 15 minutes |
| H2018 | Psychosocial rehabilitation services, per diem |
| H2019 | Therapeutic behavioral services, per 15 minutes |
| H2020 | Therapeutic behavioral services, per diem |
| H2033 | Multisystemic therapy for juveniles, per 15 minutes |
| S0201 | Partial hospitalization services, less than 24 hours |
| S9480 | Intensive outpatient psychiatric services, per diem |
| S9482 | Family stabilization services, per 15 minutes |
| S9484 | Crisis intervention mental health services, per hour |
| S9485 | Crisis intervention mental health services, per diem |

| DSM Classification | ICD-10 Diagnosis Code | Description |
|---|---|---|
| 300.14 | F44.81 | Dissociative Identity Disorder |

## LEVEL OF CARE GUIDELINES

**Optum / OptumHealth Behavioral Solutions of California Level of Care Guidelines are available at: https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html**

*The Level of Care Guidelines are a set of objective and evidence-based behavioral health guidelines used to standardize coverage determinations, promote evidence-based practices, and support members' recovery, resiliency, and wellbeing.*

## UNITEDHEALTHCARE BENEFIT PLAN DEFINITIONS

**For plans using 2001 and 2004 generic UnitedHealthcare COC/SPD, unless otherwise specified**
*Covered Health Service(s)*
Those health services provided for the purpose of preventing, diagnosing or treating a sickness, injury, mental illness, substance abuse, or their symptoms.

A Covered Health Service is a health care service or supply described in *Section 1: What's Covered--Benefits as a Covered Health Service*, which is not excluded under *Section 2: What's Not Covered--Exclusions*.

**For plans using 2007 and 2009 generic UnitedHealthcare COC/SPD, unless otherwise specified**
*Covered Health Service(s)*
Those health services, including services, supplies, or Pharmaceutical Products, which we determine to be all of the following:

- Provided for the purpose of preventing, diagnosing or treating a sickness, injury, mental illness, substance abuse, or their symptoms.
- Consistent with nationally recognized scientific evidence as available, and prevailing medical standards and clinical guidelines as described below.
- Not provided for the convenience of the Covered Person, Physician, facility or any other person.
- Described in the *Certificate of Coverage* under *Section 1: Covered Health Services* and in the *Schedule of Benefits*.
- Not otherwise excluded in the *Certificate of Coverage* under *Section 2: Exclusions and Limitations*.

In applying the above definition, "scientific evidence" and "prevailing medical standards" shall have the following meanings:

- "Scientific evidence" means the results of controlled clinical trials or other studies published in peer-reviewed, medical literature generally recognized by the relevant medical specialty community.
- "Prevailing medical standards and clinical guidelines" means nationally recognized professional standards of care including, but not limited to, national consensus statements, nationally recognized clinical guidelines, and national specialty society guidelines.

**For plans using 2011 and more recent generic UnitedHealthcare COC/SPD, unless otherwise specified**
*Covered Health Care Service(s)* - health care services, including supplies or Pharmaceutical Products, which we determine to be all of the following:

- Medically Necessary.
- Described as a Covered Health Care Service in the *Certificate* under *Section 1: Covered Health Care Services* and in the *Schedule of Benefits*.
- Not excluded in the *Certificate* under *Section 2: Exclusions and Limitations.*

*Medically Necessary* **-** health care services provided for the purpose of preventing, evaluating, diagnosing or treating a Sickness, Injury, Mental Illness, substance-related and addictive disorders, condition, disease or its symptoms, that are all of the following as determined by us or our designee.

- In accordance with Generally Accepted Standards of Medical Practice.
- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for your Sickness, Injury, Mental Illness, substance-related and addictive disorders, disease or its symptoms.
- Not mainly for your convenience or that of your doctor or other health care provider.
- Not more costly than an alternative drug, service(s) or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your Sickness, Injury, disease or symptoms.

Generally Accepted Standards of Medical Practice are standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, relying primarily on controlled clinical trials, or, if not available, observational studies from more than one institution that suggest a causal relationship between the service or treatment and health outcomes.

If no credible scientific evidence is available, then standards that are based on Doctor specialty society recommendations or professional standards of care may be considered. We have the right to consult expert opinion in determining whether health care services are Medically Necessary. The decision to apply Doctor specialty society recommendations, the choice of expert and the determination of when to use any such expert opinion, shall be determined by us.

We develop and maintain clinical policies that describe the Generally Accepted Standards of Medical Practice scientific evidence, prevailing medical standards and clinical guidelines supporting our determinations regarding specific services.

## EVIDENCE-BASED CLINICAL GUIDELINES

A. Initial evaluation common criteria and best practices
- See "Common Criteria and Best Practices for All Levels of Care", available at: https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html
- Optum recognizes the American Psychiatric Association's Practice Guidelines for the Psychiatric Evaluation of Adults (2016):
  - http://www.psychiatry.org > Psychiatrists > Practice > Clinical Practice Guidelines
- Dissociative disorders (DDs) are a cluster of disorders that are often associated with a history of trauma (Candel & Merckelbach, 2004). They often feature a disturbance in (American Psychiatric Association, 2013):
  - Identity,
  - Memory,
  - Perception, and
  - Consciousness
- Subtypes of dissociative disorders include (Coons, 1998):
  - Dissociative identity disorder (DID) - formerly referred to as multiple personality disorder
  - Dissociative amnesia (DA) – loss of autogiobraphic memory for previous experiences or before a cerain point in time
  - Dissociative fugue (DF) – has the same characteristics as DA
  - Depersonalization/derealization disorder (DPD) – also known as derealization disorder in which there is a belief that they have been altered in some way or that they are no longer real.

B. Differential Diagnoses
- Clinicians must be able to recognize and diagnose nondissociative disorders to avoid incorrectly diagnosng DID or failing to identify the presence of true comorbid conditions (International Society for the Study of Trauma and Dissociation, 2011).
- Dissociative disorders are thought to develop after experiencing severe emotional or physical trauma with limited understanding of the neurobiologic basis of dissociative disorderss (van der Hart, et al 2004). A differential diagnosis includes (Korzekwa, et al 2009):
  - Distinguishing among acute substance intoxication, withdrawal, or substance-induced persisting amnestic disorders
  - Distinguishing from amnesia disorder due to brain injury, seizure disorders, delirium, dementia, age related cognitive decline and nonpathologic forms of amnesia (such as amnesia for sleep and memory loss)
  - Identifying symptoms due to physiologic consequences of a medical condition
  - Depersonalization/derealization disorder should not be diagnosed when symptoms occur during a panic attack or in the context of panic disorder, phobias or stress disorders.

C. Treatment planning common criteria and best practices
- See "Common Criteria and Best Practices for All Levels of Care", available at: https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html
- Optum recognizes the American Psychiatric Association's Practice Guidelines for the Psychiatric Evaluation of Adults (2016):
  - http://www.psychiatry.org > Psychiatrists > Practice > Clinical Practice Guidelines
- Treatment should move the patient toward better integrated functioning whenever possible (International Society for the Study of Trauma and Dissociation, 2011)
- Helping an individual's identities be aware of one another as legitimate parts of the self and to negotiate and resolve their conflicts is an important component of the therapeutic process (International Society for the Study of Trauma and Dissociation, 2011)
- A desirable outcome for treatment is a workable form of integration or harmony among an individual's alternate identities (International Society for the Study of Trauma and Dissociation, 2011)

D. Psychotropic medication is not a primary treatment for dissociative processes, and further research is necessary regarding specific recommendations for pharmacotherapy for most symptoms (International Society for the Study of Trauma and Dissociation, 2011)
   - FDA approved medications such as anxiolytics, antidepressants or antipsychotics may be considered to treat co-occurring mood and anxiety symptoms. (International Society for the Study of Trauma and Dissociation, 2011)

E. The primary treatment modality for DID is individual outpatient psychotherapy, such as cognitive behavioral therapy (International Society for the Study of Trauma and Dissociation, 2011)
   - Psychotherapy for dissociative disorders generally proceeds in 3 phases (Brand, et al 2006; International Society for the Study of Trauma and Dissociation, 2011).
     - Phase 1 includes stabilization and symptom control, education about treatment, affect and impulse regulation skill building, increasing awareness of dissociated self-states, and establishment of a therapeutic alliance.
     - Phase 2 includes processing of traumatic memories, resolution of trauma-related cognitive distortions, and development of a narrative of traumatic experiences.
     - Phase 3 involves a resolution of dissociated self-state and a focus on current and future life issues.
   - Eye movement desensitization and reprocessing (EMDR) can be helpful when used within an overall treatment approach, rather than as a standalone treatment (International Society for the Study of Trauma and Dissociation, 2011)
     - EMDR is recommended only when the patient is generally stable, has adequate coping skills, internal cooperation among alternate identities, and an ability to maintain a dual focus of awareness (International Society for the Study of Trauma and Dissociation, 2011)
   - Patients with DID generally do poorly in generic therapy groups that include individuals with hererogeneous diagnoses and clinical problems; group prochotherapy is not a viable primary treatment modality for DID (International Society for the Study of Trauma and Dissociation, 2011)
     - Certain time-limited groups for selected patients can be valuable adjuncts to individual psychotherapy (International Society for the Study of Trauma and Dissociation, 2011)

F. Discharge planning common criteria and best practices
   - See "Common Criteria and Best Practices for All Levels of Care": https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html

## REFERENCES*


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4. Candel I, and Merckelbach H. Peritraumatic dissociation as a predictor of post-traumatic stress disorder: A critical review. Compr Psychiatry 2004; 45: 44-50
5. Coons PM. The dissociative disorders. Rarely considered and underdiagnosed. Psychiatr Clin North Am 1998; 21: 637-648
6. International Society for the Study of Trauma and Dissociation. Guidelines for Treating Dissociative Identity Disorder in Adults, Third Revision, Journal of Trauma & Dissociation 2011; 12(2): 115-187.
7. Korzekwa MI, Dell PF, and Pain C. Dissociation and borderline personality disorder: an update for clinicians. Curr Psychiatry Rep 2009; 11: 82-88
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*Additional reference materials can be found in the reference section(s) of the applicable Level of Care Guidelines

## ADDITIONAL RESOURCES

**Clinical Protocols**
Optum maintains clinical protocols that include the Level of Care Guidelines and Best Practice Guidelines which describe the scientific evidence, prevailing medical standards, and clinical guidelines supporting our determinations regarding treatment. These clinical protocols are available to Covered Persons upon request, and to Physicians and other behavioral health care professionals on www.providerexpress.com.

**Peer Review**
Optum will offer a peer review to the provider when services do not appear to conform to this guideline. The purpose of a peer review is to allow the provider the opportunity to share additional or new information about the case to assist the Peer Reviewer in making a determination including, when necessary, to clarify a diagnosis.

**Second Opinion Evaluations**
Optum facilitates obtaining a second opinion evaluation when requested by an member, provider, or when Optum otherwise determines that a second opinion is necessary to make a determination, clarify a diagnosis or improve treatment planning and care for the member.

**Referral Assistance**
Optum provides assistance with accessing care when then provider and/or member determine that there is not an appropriate match with the member's clinical needs and goals, or if additional providers should be involved in delivering treatment.

## HISTORY/REVISION INFORMATION

| Date | Action/Description |
|---|---|
| 10/11/2016 | • Version 1 – Draft Approval by UM Committee |
| 10/11/2017 | • Version 2 – Annual Update |